

FORMAT FOR INDIVIDUAL AGENCY PLAN

Instruction

1. This plan format applies only to your agency's effort to hire and train Worker-Trainees and disadvantaged persons in accordance with guidelines contained in this Bulletin.

2. Your national and regional plans should cover the period specified for your agency and should be submitted as part of your EEO plan in accordance with the timetable and forwarding instructions contained in CSC Bulletin 713-25, dated July 31, 1972.

NOTE: Agencies which are scheduled to submit their FY-74 national EEO plans by May 1, 1973, may make a separate submission for FY-74 participation in this program if they need additional time for planning and budget purposes. Such delays should not extend beyond August 1, 1973. Thereafter, all FY submissions will follow the schedule for EEO Plan submissions.

A. PLAN SUMMARY

1. Department or Agency \_\_\_\_\_
2. EEO Director/Officer/Coordinator  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. Agency Goals
  - a. Total number of Worker-Trainees agency plans to hire.  
\_\_\_\_\_
  - b. Number of regular jobs into which Worker-Trainees will be placed: \_\_\_\_\_
  - c. Number of developmental jobs into which Worker-Trainees will be placed: \_\_\_\_\_

4. Job Identification

(List specific jobs for which Worker-Trainees will be hired and for persons placed in developmental jobs give target jobs for which they can be trained.)

REGULAR JOBS			
NUMBER OF TRAINEES	JOB TITLE	SERIES	GRADE

DEVELOPMENTAL JOBS		
NUMBER OF JOBS	ENTRY JOB*	TARGET JOB*

\* For developmental jobs, please give job title, grade and series.

5. Assessment of Training Needs

(Describe here how you plan to assess Worker-Trainees to identify their training and developmental needs.)

6. Developmental Job Program

(For each developmental job listed in 4-b above, designate the training experiences (formal and on-the-job) and the developmental activities you plan to offer.)

7. Agency Resources and Plan Implementation:

(For each of the following essential elements, provide a brief statement describing what will happen, how it will be accomplished, its duration, and specify the agency operational unit responsible.)

- a. Orientation
- b. Counseling and Advisory Services
- c. Supervisory Training
- d. Skills Training
- e. Basic Education
- e. Support Services (transportation, medical, dental, and child care as appropriate.)

8. Technical Assistance

(Beyond existing or planned agency resources, describe here the kind of technical assistance you would require.)

Reporting on the Standard Form 163

For each trainee enrolled in the WTO developmental jobs plan, a Standard Form 163, "Trainee Enrollment Record," must be completed on the first day the trainee enters the plan, either directly from the register or when placed in the developmental job. Much of the necessary information required on this form is contained in the individual's "Notification of Personnel Action" (SF 50), and the "Worker-Trainee Application." Some questions will require asking the trainee for information. All trainees enrolled under this portion of the WTO plan should be reported.

Specific instructions for filling out the form are printed on the reverse side of the form. Attention should be paid the following items to insure they are correct:

1. Block 2. The agency designation should include the bureau level. The address should be for the duty station of the trainee, not for the headquarters or regional office originating the form.
2. Plan codes will be issued by the Civil Service Commission Regional Office having jurisdiction over the agency plan for a particular installation. This code number must appear on all Forms 163 sent to the CSC.
3. Block 9. Please note that veteran preference does not always have to be claimed. Therefore it is possible that "Vietnam Era Veteran" may be "Yes," while the first item is "No." If the trainee has a Veterans Readjustment Authority (VRA) appointment, "Vietnam Era Veteran" must be "Yes."
4. Blocks 11 and 12. Please use the standard occupation code number with leading zeros, if needed. For example: Clerk-Typist is reported as 00322, not GS-322, 32200, or 03220. Hourly earnings (in dollars and cents) are needed for all Wage System and Postal Service enrollees. For General Schedule employees, omit the hourly earnings data. The Pay Systems are to be reported according to the list of pay systems in FPM Supplement 296-31. Show only the grade, not the step. For example: GS 01, WG 01.

The personnel specialist filling out the form will sign it, enter agency address and telephone number, and forward the CSC Copy-1 (white) to:

U. S. Civil Service Commission  
Bureau of Manpower Information Systems (WTO)  
1900 E Street, N. W.  
Washington, D. C. 20415 (or, for inter-office mail, Stop 227)

The remaining two copies will be retained in the trainee's servicing personnel office until the trainee leaves the plan. At that time the personnel specialist will complete Blocks 13 through 15 and the remaining preparation block, and forward the CSC Copy-2 (yellow) to the Commission at the above address. Only original copies will be accepted by the CSC. Copies (Xerox or otherwise) of the forms are not acceptable and will be returned for re-submission. The trainee is considered to have completed the plan at the end of one year or when the trainee achieves the target position, whichever comes first.

Standard Forms 163 will be available in the Federal Supply Service System in late Spring of 1973. Agencies may order the form through General Services Administration on the FEDSTRIP/MILSTRIP procedure.

Information recorded on this form will be used for research projects by the Commission and to provide demographic information for assessment of the program for the President, Congress, Office of Management and Budget, and other concerned agencies.

#### REPORTING CHANGES AND AMENDMENTS

Corrections and amendments to previously submitted forms should be submitted to CSC by the normal submission channels outlined above. The correction form (use a regular SF 163) should be labelled "CORRECTION COPY" at the top of the form, just below the title. Blocks 1 through 5 must be filled out regardless of the correction made. Show the correct data in the proper block, underlined or circled. Because Blocks 3-5 are control fields, the erroneous data is also needed to identify the proper record in the file. If a correction is made in Blocks 3-5, list the Block number and original (erroneous) entry in the "Comment" space in Block 15.

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WORKER-TRAINEE OPPORTUNITIES

# Trainee Enrollment Record

2A. (For CSC Use)

1. NAME OF EMPLOYEE (Last, First, Middle Initial)			2. ADDRESS OF DUTY STATION (Dept. or Agency, Bureau, Location)		
3. SOCIAL SECURITY ACCOUNT NO.			4. PLAN CODE		
5. DATE OF BIRTH Month Day Year			6. DATE ENROLLED Month Day Year		7. SEX <input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
8. MARITAL STATUS <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Other					
9. VETERANS INFORMATION Yes No <input type="checkbox"/> 1 <input type="checkbox"/> 2 Veteran Preference Claimed <input type="checkbox"/> 1 <input type="checkbox"/> 2 Vietnam Era Veteran <input type="checkbox"/> 1 <input type="checkbox"/> 2 VRA Appointment			10. HIGHEST LEVEL OF EDUCATION <input type="checkbox"/> 1 Some grade school <input type="checkbox"/> 2 Completed 8th grade <input type="checkbox"/> 3 Some high school but did not graduate <input type="checkbox"/> 4 Graduated from high school <input type="checkbox"/> 5 Technical Training <input type="checkbox"/> 6 Advanced study beyond high school		
11. ENTRANCE POSITION Occupational Series Pay System and Grade			12. TARGET POSITION Occupational Series Pay System and Grade		
13. DATE ENROLLEE LEAVES PLAN Month Day Year			14. WAS TARGET POSITION ACHIEVED? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No		
15. CHECK REASON FOR LEAVING PROGRAM					
<input type="checkbox"/> 01 Completed Program—Target achieved			<input type="checkbox"/> 08 Disciplinary		
<input type="checkbox"/> 02 Completed Program—Promotion pending			<input type="checkbox"/> 09 Unsatisfactory Performance		
<input type="checkbox"/> 03 Completed Program—Promotion deferred			<input type="checkbox"/> 10 Did not Like Job		
<input type="checkbox"/> 04 Satisfactory Change in Employment (Government)			<input type="checkbox"/> 11 Illness or Physical Disability		
<input type="checkbox"/> 05 Satisfactory Change in Employment (Non-Government)			<input type="checkbox"/> 12 Moved		
<input type="checkbox"/> 06 Military			<input type="checkbox"/> 13 Family or Child Care		
<input type="checkbox"/> 07 Return to School			<input type="checkbox"/> 14 Transportation Problems		
Comment:			<input type="checkbox"/> 15 Death of Trainee		
			<input type="checkbox"/> 16 Other (Explain)		

PREPARED BY (Personnel Specialist):

AGENCY/ORGANIZATION/TELEPHONE NUMBER

DATE SUBMITTED

**Instructions for Completing WTO Enrollment Record**

This form collects basic data on trainees enrolled in the WTO plan. Many questions can be answered by referring to the trainee's SF 50 or worker-trainee application. Items 1 through 12 must be completed and signed by the appropriate personnel specialist on the date the trainee enters the program. Forward the (white) CSC copy to: U.S. Civil Service Commission, Bureau of Manpower Information Systems (WTO), 1900 E Street NW., Washington, D.C. 20415. The remaining two copies will be retained in the agency personnel office. Items 13 through 15 must be completed upon termination of trainee or completion of program, signed by the personnel specialist and the (yellow) second copy forwarded to the Civil Service Commission at the address given above. All data must be recorded in a standard manner according to the instructions below. The blue copy will be retained by the agency.

**TO BE COMPLETED AT TIME EMPLOYEE ENTERS WTO PLAN**

**Item 1**—Enter the name of employee: Last name, first name, middle initial (if any).

**Item 2**—Enter the duty station address of the Department or Agency which employs the WTO trainee, including bureau-level organization if applicable.

**Item 3**—Enter trainee's social security account number (each number must have 9 digits).

**Item 4**—Enter the 3-digit Agreement Code as it appears on the approved Agency plan.

**Item 5**—Enter the 6 digits of the month, day, and year of birth of the trainee (e.g. 07 15 49 ).

**Item 6**—Enter the 6 digits showing month, day, and year the trainee was enrolled (e.g. 08 17 73 ).

**Item 7**—Check appropriate box for sex.

**Item 8**—Check appropriate box for marital status. Check one status only. Check "Single" if the enrollee has never married. Check "Married" if enrollee is married, regardless of whether spouse is present in same household. Check "Other" if enrollee is widowed, divorced, or legally separated from spouse.

**Item 9**—If the enrollee claims Veteran Preference, check "Yes" for that line, otherwise check "No." If the enrollee was on active military duty on or after August 4, 1964, check "Yes" for Vietnam Era Veteran (regardless of whether or not Veteran Preference is claimed), otherwise check "No." If the enrollee has been appointed under the Veterans Readjustment Authority, check "Yes" for that line, otherwise check "No."

**Item 10**—Check the one box indicating enrollee's highest level of education.

**Item 11**—Enter the standard CSC Occupational Series code number which covers the occupation of each enrollee when he enters the plan. If the occupation is in the blue-collar series, enter the number as a 5-digit code with the first 2 digits indicating the occupational family and the last 3 the occupation number (e.g., for Trainee the series code is 35006 ). If the occupation is in the white-collar series, enter it as a 4-digit number, with leading zero or zeros (e.g., for Clerk-Typist the series code is 00322 ). Indicate in the space provided the pay system and grade of the enrollee's position (e.g. GS01 or WG01 ), and for all Wage System and Postal Service employees, show the hourly earnings in dollars and cents (\$2.10 is 210 ).

**Item 12**—Enter the standard CSC Occupational Series number for the target or goal position, in the same manner as stated in Item 11. In the space provided, indicate the pay system and grade of the target position, and for Wage System and Postal Service employees, the anticipated hourly earnings.

**TO BE COMPLETED AT THE TIME ENROLLEE LEAVES WTO PLAN**

**Item 13**—Enter the month, day, and year when the enrollee leaves or completes the WTO plan. Use 6 digits (e.g., Jan. 31, 1974 is entered as 01 31 74 ).

**Item 14**—If occupational target as stated in Item 12 (equal or higher goal) is achieved, check "Yes," otherwise check "No."

**Item 15**—Check the applicable block which corresponds to the main reason the enrollee is leaving the plan. Give additional explanation or relevant comments in the space provided.